Only

STATEMENT OF

PAGE 1/9

FEC ORGANIZATION FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. Pekau For Congress PO Box 2416 ADDRESS (number and street) (Check if address is changed) Orland Park 60462 CITY A STATE A ZIP CODE ▲ COMMITTEE'S E-MAIL ADDRESS pekau4congress@gmail.com (Check if address is changed) Optional Second E-Mail Address bill@healycpa.com COMMITTEE'S WEB PAGE ADDRESS (URL) keithpekau.com (Check if address is changed) DATE 2023 C00794479 FEC IDENTIFICATION NUMBER 3. X IS THIS STATEMENT NEW (N) OR AMENDED (A) I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete. Healy, William, , , Type or Print Name of Treasurer Healy, William, , , [Electronically Filed] 02 2023 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 52 U.S.C. §30109. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS. Office For further information contact: FEC FORM 1 Federal Election Commission Use (Revised 06/2012) Toll Free 800-424-9530

Local 202-694-1100

FEC Form 1 (Revised 03/2022)	Page 2
TYPE OF COMMITTEE:	
Candidate Committee:	
(a) This committee is a principal campaign committee. (Complete the candidate information below	w.)
(b) This committee is an authorized committee, and is NOT a principal campaign committee. (Co information below.)	omplete the candidate
Name of Candidate Pekau, Keith, , ,	
Candidate Party Affiliation REP Sought: House Senate Presid	State IL dent District 06
(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name of Candidate	
(d) This committee is a	Democratic,
or subordinate) committee of the	epublican, etc.) Party
Political Action Committee (PAC):	
(e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its	connected organization is a:
Corporation Corporation w/o Capital Stock	Labor Organization
Membership Organization Trade Association	Cooperative
In addition, this committee is a Lobbyist/Registrant PAC.	
(f) This committee supports/opposes more than one Federal candidate, and is NOT a separate committee. (i.e., nonconnected committee)	segregated fund or party
In addition, this committee is a Lobbyist/Registrant PAC.	
In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
(g) This committee is an independent expenditure-only political committee (Super PAC).	
In addition, this committee is a Lobbyist/Registrant PAC.	
(h) This committee is a political committee with both contribution and non-contribution accounts ((Hybrid PAC).
In addition, this committee is a Lobbyist/Registrant PAC.	
Joint Fundraising Representative:	
This committee collects contributions, pays fundraising expenses and disburses net proceeds committees/organizations, at least one of which is an authorized committee of a federal cand	·
(j) This committee collects contributions, pays fundraising expenses and disburses net proceeds committees/organizations, none of which is an authorized committee of a federal candidate.	for two or more political
Committees Participating in Joint Fundraiser	
1 C	

	FEC Form 1 (Revised 0	2/2009)	Page 3
٧	Vrite or Type Committee Name		
	Pekau For Con	gress	
6.	=	rganization, Affiliated Committee, Joint Fundraising Representative, or Lead EPUBLICAN NOMINEE FUND 2022	dership PAC Sponsor
	Mailing Address	PO BOX 30844	
		BETHESDA MD 208	;24
		CITY ▲ STATE ▲	ZIP CODE ▲
	Relationship: Connected	Organization	Leadership PAC Sponsor
<u>.</u>	Custodian of Records: Idention books and records.	fy by name, address (phone number optional) and position of the person in poss	session of committee
	CFS, Comp	oliance, , ,	
	Full Name		
	Mailing Address	PO Box 30844	
		Bethesda MD 208	24
		CITY ▲ STATE ▲	ZIP CODE ▲
	Title or Position ▼	CITY ▲ STATE ▲	ZIP CODE A
	Custodian of Records	Telephone number	- 654 - 3220
3.	Treasurer: List the name and any designated agent (e.g., a	d address (phone number optional) of the treasurer of the committee; and the assistant treasurer).	e name and address of
	Full Name Healy, Willi	am, , ,	
	of Treasurer		
	Mailing Address	9501 W. 144th Place	
		 #202	
		Orland Park IL 604	62
		CITY ▲ STATE ▲	ZIP CODE ▲
	Title or Position ▼		
	Treasurer	Telephone number 708	- 349 - 1701

FEC Form	(Revised 02/2009)		Page 4
Full Name of Designated Agent	Katsenes, Cynthia, , ,		
Mailing Address	10955 Persimmon Court		
	Orland Park	, IL , 60467	
	CITY A	STATE A	ZIP CODE ▲
Title or Position			
Assistant Treasu	rer Telephone nu	umber	
	Depositories: List all banks or other depositories in which the commit xes or maintains funds.	tee deposits funds, hold	ds accounts, rents
Name of Bank, [Depository, etc.		
	Bank of America		
Mailing Address	15862 S. LaGrange Road		
	Orland Park	IL 60462	[-] [
	CITY A	STATE ▲	ZIP CODE ▲
Name of Bank, [Depository, etc.		
	Evolve Bank & Trust		
Mailing Address	301 Shoppingway Boulevard		
	West Memphis	AR 72301	
	CITY A	STATE ▲	ZIP CODE ▲

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

h). Joint Fundraisi	ng Participant:		
1.		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	C
		<u> </u>	
ame of Any Connected PEKAU VICTOR	l Organization, Affiliated Committee, Joint Fu Y FUND	ndraising Representative	e, or Leadership PAC Spons
Mailing Address	9501 W 144TH PL		
	ORLAND PARK	IL	60462
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
Connecte		oint Fundraising Representa	ative Leadership PAC Sp
Connecte esignated Agent: Identi	ed Organization Affiliated Committee X J		Leadership PAC Sp
esignated Agent: Identi Pekau, Full Name	Affiliated Committee X J fy by name, address (phone number – optional) Keith, , ,		ative Leadership PAC Sp
esignated Agent: Identi Pekau, Full Name	Affiliated Committee X J fy by name, address (phone number – optional) Keith, , ,		Leadership PAC Sp
esignated Agent: Identi Pekau, Full Name Mailing Address	Affiliated Committee Affiliated Committee Fy by name, address (phone number – optional) Keith, , , PO Box 2416 Orland Park		
esignated Agent: Identi Pekau, Full Name Mailing Address	Affiliated Committee Affiliated Committee Fy by name, address (phone number – optional) Keith, , , PO Box 2416 Orland Park		60462
esignated Agent: Identi Pekau, Full Name Mailing Address TITLE OR POSITION Candidate Anks or Other Deposit	Affiliated Committee fy by name, address (phone number – optional) Keith, , , PO Box 2416 Orland Park CITY CITY ories: List all banks or other depositories in wh	IL STATE ▲	60462 ZIP CODE A
esignated Agent: Identi Pekau, Full Name Mailing Address TITLE OR POSITION Candidate anks or Other Deposit afety deposit boxes or market	Affiliated Committee fy by name, address (phone number – optional) Keith, , , PO Box 2416 Orland Park CITY CITY ories: List all banks or other depositories in wh	IL STATE ▲	60462 ZIP CODE A
esignated Agent: Identi Pekau, Full Name Mailing Address TITLE OR POSITION Candidate anks or Other Deposit afety deposit boxes or market	Affiliated Committee Affiliated Committee For by name, address (phone number – optional) For Box 2416 Orland Park CITY CITY For in the committee of the	IL STATE ▲	60462 ZIP CODE A
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esignated Agent: Identi Pekau, Full Name Mailing Address TITLE OR POSITION Candidate anks or Other Deposit afety deposit boxes or m ame of Bank, epository, etc.	Affiliated Committee Affiliated Committee For by name, address (phone number – optional) For Box 2416 Orland Park CITY CITY For in the committee of the	IL STATE ▲	60462 ZIP CODE A
esignated Agent: Identi Pekau, Full Name Mailing Address TITLE OR POSITION Candidate Anks or Other Deposit afety deposit boxes or mame of Bank, epository, etc.	Affiliated Committee Affiliated Committee For by name, address (phone number – optional) For Box 2416 Orland Park CITY CITY For in the committee of the	IL STATE ▲	60462 ZIP CODE A

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

(h). Joint Fundrais	ing Participant:		
1.		FEC ID number	С
2.		FEC ID number	C
3.		FEC ID number	C
4		FEC ID number	С
•	d Organization, Affiliated Committee, Joint Fun	draising Representative	e, or Leadership PAC Spons
CRUZ 25 FOR 2	2 VICTORY FUND		
Mailing Address	P.O. BOX 341027		
	AUSTIN	TX L	78734
	OITV	STATE ▲	ZIP CODE ▲
	ed Organization Affiliated Committee Joint	int Fundraising Representa	ative Leadership PAC Spo
Connect Designated Agent: Ident Full Name	ed Organization Affiliated Committee	int Fundraising Representa	ative Leadership PAC Spo
Connect Designated Agent: Ident	ed Organization Affiliated Committee	int Fundraising Representa	ative Leadership PAC Spo
Connect Designated Agent: Ident Full Name	ed Organization Affiliated Committee	int Fundraising Representa	Leadership PAC Spo
Connect Designated Agent: Ident Full Name	ed Organization Affiliated Committee Joint		
Connect Designated Agent: Ident Full Name	ed Organization Affiliated Committee Joint	int Fundraising Representation	Leadership PAC Spo
Connect Designated Agent: Ident Full Name Mailing Address TITLE OR POSITION	ed Organization Affiliated Committee Joint		
Connect Designated Agent: Ident Full Name Mailing Address TITLE OR POSITION Banks or Other Deposit afety deposit boxes or n	ed Organization	STATE A Telephone Number	ZIP CODE A
Connect Designated Agent: Ident Full Name Mailing Address TITLE OR POSITION Banks or Other Deposit afety deposit boxes or not be a position, etc.	Affiliated Committee Affiliated Committee Total Journal Jour	STATE A Telephone Number	ZIP CODE A

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

h). Joint Fundraisi	1	EEC ID number	С
1.		FEC ID number	
2.		FEC ID number	C
3.		FEC ID number	C
4.		FEC ID number	C
ame of Any Connector	l Organization, Affiliated Committee, Joint Fundr	raicing Ponrocontativ	o or Leadership PAC Spon
TAKE BACK THI		aising nepresentative	e, or Leadership PAO Spon
Mailing Address	PO BOX 30844		
	BETHESDA	MD MD	20824
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
	ed Organization Affiliated Committee Joint fy by name, address (phone number – optional)	Fundraising Representa	ative Leadership PAC Sp
		Fundraising Representa	Leadership PAC Sp
esignated Agent: Identi		Fundraising Representation	Leadership PAC Sp
esignated Agent: Identi		Fundraising Representation	Leadership PAC Sp
esignated Agent: Identi		Fundraising Representation	Leadership PAC Sp
esignated Agent: Identi Full Name Mailing Address	fy by name, address (phone number – optional)	Fundraising Representation	Leadership PAC Sp
esignated Agent: Identi	fy by name, address (phone number – optional) CITY		
esignated Agent: Identification Full Name Mailing Address TITLE OR POSITION	fy by name, address (phone number – optional) CITY Te	STATE A	ZIP CODE A
esignated Agent: Identi Full Name Mailing Address TITLE OR POSITION	fy by name, address (phone number – optional) CITY CITY Telepories: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Identi Full Name Mailing Address TITLE OR POSITION anks or Other Deposit afety deposit boxes or mainly and the control of the con	fy by name, address (phone number – optional) CITY CITY Telepories: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Identi Full Name Mailing Address TITLE OR POSITION	fy by name, address (phone number – optional) CITY CITY Telepories: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Identi Full Name Mailing Address TITLE OR POSITION anks or Other Deposit afety deposit boxes or mame of Bank,	fy by name, address (phone number – optional) CITY CITY Telepories: List all banks or other depositories in which	STATE A	ZIP CODE A
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Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

(h). Joint Fundraisi	ng Participant:		
1.		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	С
Name of Any Connected	Organization, Affiliated Committee, Joint Fun	draising Representative	e, or Leadership PAC Sponso
Mailing Address	PO BOX 30844		
	DETUGEDA	MD	20824
	BETHESDA	MD MD	
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
Designated Agent: Identif	d Organization Affiliated Committee Jo	int Fundraising Representa	Leadership PAC Spo
Designated Agent: Identif		Int Fundraising Represent	Leadersnip PAC Spo
Designated Agent: Identif		Int rundraising Represent	Leadership PAC Spo
Designated Agent: Identif		Int Fundraising Represent	Leadersnip PAC Spo
Designated Agent: Identification Full Name Mailing Address	y by name, address (phone number – optional)	STATE A	ZIP CODE A
Designated Agent: Identif	y by name, address (phone number – optional) CITY		
Pesignated Agent: Identification Full Name Mailing Address TITLE OR POSITION	y by name, address (phone number – optional) CITY CITY pries: List all banks or other depositories in which	STATE A Telephone Number	ZIP CODE A
Pesignated Agent: Identification Full Name Mailing Address TITLE OR POSITION Banks or Other Deposite Safety deposit boxes or make the safety deposit boxes or make the safety depository, etc.	y by name, address (phone number – optional) CITY CITY pries: List all banks or other depositories in which	STATE A Telephone Number	ZIP CODE A

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

5(g) or (h).	Joint Fundraising	Participant:			
1.			FEC	D number	C
2.			FEC	D number	C
3.			FEC	D number	С
4.			FEC	D number	С
	of Any Connected C	Organization, Affiliated Committee, C	Joint Fundraising Re	epresentative	e, or Leadership PAC Sponsor
N	Mailing Address	PO Box 183		1 1 1 1	
		Hudson		WI	54016
F	Relationship:	CITY A		STATE ▲	ZIP CODE ▲
	Connected	Organization Affiliated Committee	✗ Joint Fundraisi	ng Representa	ative Leadership PAC Sponsor
	nated Agent: Identify	by name, address (phone number –	optional)		
Ма	ailing Address				
TI	ITLE OR POSITION •	CITY ▲		STATE ▲	ZIP CODE ▲
L			Telephone I	Number	
safety Name	or Other Depositorion deposit boxes or main of Bank, itory, etc.	es: List all banks or other depositorientains funds.	es in which the comm	nittee deposit	s funds, holds accounts, rents
	Mailing Address				
		CITY ▲		STATE ▲	ZIP CODE ▲